## Exhibit D

Locality: ALL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ELECTIONS

Start Date: 01/01/2011 End Date: 03/20/2017

Precinct: ALL
District: ALL

Cancellation - Declared Non-Citizen

**059 - FAIRFAX COUNTY** 

	059 - FAIRFAX COUNTY							
0919		REDACTED		REDACTED	3/27/2012	Declared Non- Citizen		
0923		REDACTED		REDACTED	3/27/2012	Declared Non- Citizen		
April 20	12							
РСТ	Name Address			Registration ID	Cancel Date	Cancel Type		
0105	,	REDACTED		REDACTED	4/23/2012	Declared Non- Citizen		
0237		REDACTED		REDACTED	4/30/2012	Declared Non- Citizen		
May 201	2							
PCT	Name Address			Registration ID	Cancel Date	Cancel Type		
0106		REDACTED	· · · · · · · · · · · · · · · · · · ·	REDACTED	5/8/2012	Declared Non- Citizen		
0110		REDACTED		REDACTED	5/8/2012	Declared Non- Citizen		
0115		REDACTED		REDACTED	5/3/2012	Declared Non- Citizen		
0121		REDACTED		REDACTED	5/3/2012	Declared Non- Citizen		
0123		REDACTED		REDACTED	5/3/2012	Declared Non- Citizen		
0131		REDACTED		REDACTED	5/3/2012	Declared Non- Citizen		
0209		REDACTED		REDACTED	5/8/2012	Declared Non- Citizen		
0220		REDACTED		REDACTED	5/8/2012	Declared Non- Citizen		
0226		REDACTED		REDACTED	5/3/2012	Declared Non- Citizen		
0315		REDACTED		REDACTED	5/3/2012	Declared Non- Citizen		
0321	BONILLA, ELIU RI	UD EDACTED		REDACTED	5/3/2012	Declared Non- Citizen		

Locality: ALL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ELECTIONS

Start Date: 01/01/2011 End Date: 03/20/2017

Precinct: ALL
District: ALL

**Cancellation - Declared Non-Citizen** 

**153 - PRINCE WILLIAM COUNTY** 

## August 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0201	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
0303	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
0402	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
0409	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
0504	FREEMAN, LUCIANIA C. REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
0512	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
0601	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
8090	REDACTED	REDACTED	8/12/2015	Declared Non- Citizen
Septem	per 2015			
РСТ	Name Address	Registration ID	Cancel Date	Cancel Type
0110	REDACTED	REDACTED	9/22/2015	Declared Non- Citizen
0111	REDACTED	REDACTED	9/22/2015	Declared Non- Citizen
0207	REDACTED	REDACTED	9/21/2015	Declared Non- Citizen
0703	REDACTED	REDACTED	9/22/2015	Declared Non- Citizen
October	2015			
PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0201	REDACTED	REDACTED	10/29/2015	Declared Non- Citizen
0302	REDACTED	REDACTED	10/14/2015	Declared Non- Citizen

1	* Are you a citizen of the United States of America? YES NO	* Will you be at least 18 years the next General Election da		If you checked "No these questions, d	O" in response to either o
	Male security rivillinum Gender	Female uate of Birth	ş	RED/ Daytime Telephon	ACTED ne Number
	* Last Name * Fir	st Name	Sanzon-P	None siden Name S	None Suffix (Jr.,Sr.,III,Etc.)
3		REDACTE	)		
Silvery of	* Residence (Permanent) Home Address	Apt Unit/Lot/R		<u>z</u>	Zip Code
	If Rural Address or Homeless, please describe	where you reside	E-ma	laddress	
	Mailing Address (If different) /Virginia P.O. Box o applicable (Include Zip Code)		County of Residence	ity or County	TED
4	* Have you ever been convicted of a felony?  If YES, have your voting rights been restored?	_ ~	re convicted hen restored?		Y
5	* Have you ever been judged mentally incap if YES, has court restored you to capacity?		en restored? MM		
6	Registration Statement: I swear/affirm, under fel provided on this form is true. I authorize the cance Notice above.	ony penalty for making willfully false eliation (entered in Box 7 below) of π	e material statements on sy current registration	or entries, that the inf and I have read the F	formation Privacy Act
-	——————————————————————————————————————	eanny Co	2	RE	DACTED
	09-18-2013 0462				disability that requires
	If applicant is unable to sign due to a physical disability  Protected Voter Code if applicable, Se	ee above	REC	EIVED SE	P 1 8 2013
	I'm interested in being an Election Official on E	Election Day. Please send me infor	mation.		

	* Are you a citizen of the United States of America? YES NO	* Will you be at least 18 years of the next General Election day?		If you checked these question	"NO" in response to either of s, do not complete this form.	
	Male	I Female	·	RE	DACTED	
(2)	→ Social Security Number • Gender	* Date of Birth	_	Daytime Telep	hone Number	
	FOCHT ABOVE UT	Abby	Sharpe	None	None	
	* Last Name * F	rst Name	Full Middle or M	aiden Name	* Suffix (Jr.,Sr.,III,Etc.)	
3		REDACTED				
	* Residence (Permanent) Home Address	Apt/Unit/Lot/Rm/	Ste City/Town		Zip Code	
	If Rural Address or Homeless, please describe	where you reside	E-ma	l address		
	Mailing Address (If different) /Virginia P.O. Box applicable (include Zip Code)	-	U_⊢C ounty of Residence	ity or Coun	•	
47.1				KED	ACTED	
監	* Have you ever been convicted of a felony	? YES NO State where	convicted			
	If YES, have your voting rights been restored	? TYES NO If YES, whe	n restored?			
	* Have you ever been judged mentally inca	pacitated?  YES NO	-	-		
5	If YES, has court restored you to capacity?	TYES NO If YES, when	restored? MIM	D D V VV	7	
67.0			البالية	على للليا		
6	Registration Statement: I swear/affirm, under to provided on this form is true. I authorize the care	dony penalty for making willfully false n ellation (entered) n Box 7 below) of my	iaterial statements o current registration :	r entries, that the and I have read th	: information ne Privacy Act	
بسبسه	Hotice above.					
	* Signature (or mark if unable to sign)			[0]3	24 2012	
24/5/12 1/13						
	If applicant is unable to sign due to a physical disability, write the na	3,000,00		7,75	equires accommodation in order to vote	
		ot be released it just or member of your household are a jactive or has threatened or stalked you and have find a complish				
	Election Day, Please Address Confidentiality Pro	gram. You trust show a Virginia P.D. box under making address in	Bor Jahove.			
	send me information. Law Enforcement	Protective Order Threatened/St	WAS TO WORKER CO	infidentiality Progra		

OFFICE USE ONLY	OFFICE USE (	ONLY	OFFICE USE ONLY		
NEW LAST NAME	NEW FIRST, MIDDLEMAIDEN N.	AME AND SUFFIX	DATE CHANGED		
OTHER CHANGES	NEW PCT	AUTHORIZED BY	DATE CHANGED		
			(6)		
12					
DECEASED OUT OF STATE PERSONAL REQUEST CONVICTED OF A FELONY NOTES:		<b>T</b> RE-	REGISTERED OUT  REGISTERED 6-13-14  CITY STATUS  LECTRONS  FLEMENER  6-25-14-44		

1	*Are you a citizen of th of America? XYES	e United States		st 18 years of age on or Election day? X(YES )			)" in response to not complete th	
2		(X	Male □ Female	tarah	-5000	RE	DACTED	
Eller d	* Social Security Number	er *G	ender	* Date of Birth		Daytime Tele	phone Number	
	Bonilla		· Eliud			⊠None		None
2.00	* Last Name		* First Name	*F	ull Middle or	Maiden Name	* Suffix (Jr., Sr.,	III, Etc.)
7				REDACTED				
State !	* Residence (Permaner	nt) Hóme Addres:		Apt/Unit/Lot/Rm/Ste	City/Town		Zip Code	
							C4	
	If Rural Address or Hon	neless, please de	scribe where you r	aside	· E-m	ail address		
						REDA		
	Mailing Address ( <i>If diff</i> ( <i>include Zip Code</i> )	<i>erent</i> )/ Virginia P.	O.Box or Uniformed	Service Address, if app	licable LJC <i>Nan</i>	ity or 🗷 Count ne of City or Cou	y Inty of Residence	9
i i	* Have you ever been c	onvicted of a fel	onv? □YES 💆 NO	State where convic	ted			-192
學的社	•		-	NO If YES, when restore	(N) (M)		4 1	
No. of Concession, Name of Street, or other teams of the Concession, Name of Street, or other teams of the Concession, Name of								
230	* Have you ever been ju If YES, has court resto			s پعرابان If <i>YES</i> , when restored		FFFF	1	
MATERIAL PROPERTY.		The state of the s						b = 4 Ab =
6	Registration State information provided or	ement: I swear n this form is true	/affirm, under felon e. I authorize the car	y penalty for making wil ncellation (entered in B	ox 7 below)	naterial stateme of my current re	ents or entries, the gistration and f	nat the have
	read the Privacy Act No		of this torm.	Bouilla		58	131/20	15
$\rightarrow$	* Signature (or mark if un		1 0 00	1 Non-Citize	- F.O	2013	1/1211/1219	
	11 0 10	o a physical disability, w	rite the name/address of per	son who assisted. (Required).	heck/describe if yo	u have a disability that re	quires accommodation in	order to vote.
22	I'm Interested in being an	You may request that yo	or home address not be rele	ased if you or member of your hou al safety from someone who has th	sehold (a) are act	ive or retired law enfo	coment, or (b) have be	en granted a
	Blaces and an information	a magistrate or law enfo	reament (must attach obpy	of complaint), or (d) participate in the left of the l	he Address Confid	lentiality Program, You	must show a Virginia P.I	D. box under
209		maning address of Box :	I BDOYS. LILIW ENIOTOST	IN The Property of The Propert	maeranari 7rgikol	- Overess country	मानवार्य र १ वर्षेत्रकारा	

Case	2 1:18-cv-00423-LO-IDD	_Document 1-4	Filed 04/12/18	Page 8	of 8 PageID# 8	7			
1	*Are you a citizen of the United States of America? Dyes Two	*Will you be at least 18 years of age on or before the next General Election day? YES NO			If you checked "No to either of these do not complete t	questions,			
2	The state of the s	Male Female	REDACT	ED	REDAC	TED			
		*Gender	* Date of Birth		Daytime Telephone	Number			
9	Freeman	Luciania		Clurice	None	<b>Z</b> Nor			
	*Last Name	* First Name	*	Full Middle or N	Aaiden Name *Suffix	(Jr., Sr., III, Etc			
3			DACTED						
	* Residence (Permanent) Home Ad	ddress	Apt/Unit/Lot/Rm/St	e City/Town	Zip C				
V.	150				REDACTI	<u>ED</u>			
	If Rural Address or Homeless, pla	ease describe where yo	u reside	E-ma	il address	ED			
	Mailing Address (If different)/ Vir	ainis BO Bay as Unifor	mad Camina Addina		REDACT	ED			
	if applicable (include Zip Code)		med Service Addres		y or County e of City or County o	f Residence			
4	* Have you ever been convicted	of a felony? TYES V	NO State where co	onvicted					
	If YES, have your voting rights bee			n t Max					
5	* Have you ever been judged me If YES, has court restored you to o			cored?/					
6	Registration Statement: I swear/affirm, under felopy penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have rethe Privacy Act Notice on the front of this form.								
$\rightarrow$	-> *Signature (or mark if unable to sign) MCLONTE PLEMENT [09,19,200]								
	If applicant is unable to sign due to a physical disab								
	Ejection Official on Election Day, of your personal s	hal your home address not be release afety from someone who has threater d). You must show a Virginia P.D. box un	ed or stalled you and have filed	a complaint against the	t person with a magistrate or law				